

Packet No.: 884B.0003.U1(US)

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

I, the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A System or Method for Assessing a Subject's Peripheral Blood Circulation

the specification of which:

(check one) ☐ is attached hereto.

☐ was filed on _____ as U.S. Application Serial No. _____, and was amended on _____ (if applicable).

☒ was described and claimed in PCT International Application Number PCT/GB2005/000051 filed on January 10, 2005 and

☐ as amended under PCT Article 19 on _____ (if any) and/or

☒ as amended under PCT Article 34 as published in the Annex(es) to the International Preliminary Examination Report (if any).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

0400281.2
(Number)

Great Britain 8 January 2004
(Country) (Day/Mon/Year Filed)

☒ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of the United States provisional patent application(s) listed below:

(Application Serial No.)

(Filing Date)

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status)

POWER OF ATTORNEY: As a named inventor I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith:

All attorneys associated with Customer No.: **29,683**

SEND CORRESPONDENCE TO:

Customer No. 29,683

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(1)FULL NAME LAST NAME FIRST NAME MIDDLE NAME
OF INVENTOR: Crabtree Vincent Peter

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Signature Vincent Crabtree Date 16/10/06

(2)FULL NAME LAST NAME FIRST NAME MIDDLE NAME
OF INVENTOR: Smith Peter Richard
(Deceased)

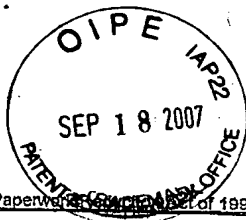
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Signature Smith Date 16/10/06

T. Simpson

(Executor to Estate 22/11/06
of P R Smith)



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DECLARATION Supplemental Sheet For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor

Enter Deceased or Incapacitated Inventor's Name Peter Richard SMITH

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Name of Legal Representative:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
<u>JENNETTE MARY-TERESA</u>		<u>SMITH</u>	
Legal Representative's Signature <u>[Signature]</u>		Date <u>16/10/06</u>	
Residence: City	<u>LEICESTER</u>	State	Country <u>UK</u>
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City		State	Zip
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Terry Anthony</u>		<u>SIMPSON</u>	
Legal Representative's Signature <u>[Signature]</u>		<u>(Executor of Estate)</u>	
Residence: City	<u>Leicester</u>	State	Country <u>UK</u>
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Mailing Address <u>Woodhouse Gables</u>			
City	<u>Loughborough</u>	State	Zip <u>LE12 8EX</u>
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City		State	Country
Mailing Address			
Mailing Address			
City		State	Zip
		Country	

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.